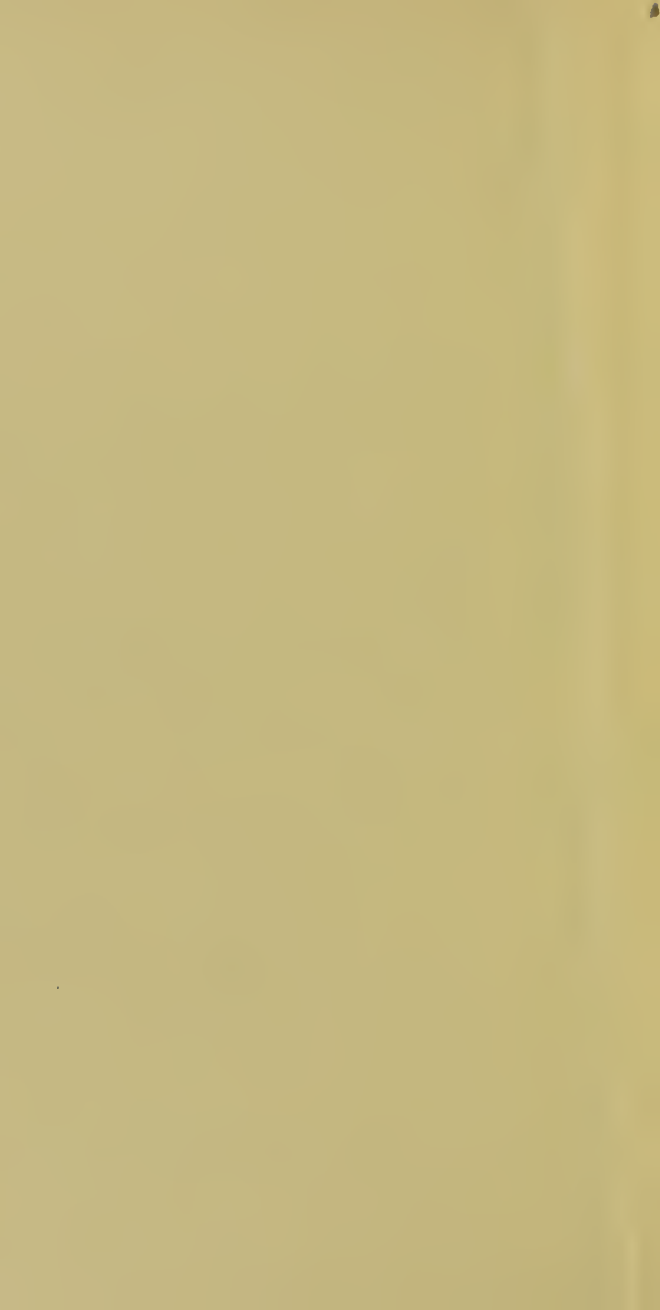


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Case of enterocarcinoma -

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Appearance after the cure.



Appearance before the Operation ?

CASE
OF
OSTEO-SARCOMA
OF THE
LOWER JAW.

AS OPERATED UPON

ROBERT PENMAN,

AGED TWENTY-FOUR YEARS,

FROM

COLDSTREAM, (SCOTLAND.)

[operation by James Syme]

Philadelphia:

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1839.

WU
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TO THE PUBLIC.

A CASE of OSTEO-SARCOMA operation, and the performance of amputation of the lower jaw bone at its left joint, for the removal of its creating tumour, has awakened in our community a very interesting and prevailing inquiry. The facts of the case are these.—Mr. Penman, a native of Scotland, who is now in this city, is the person who has been operated upon, and his complaint, whether as it regards the Faculty or the general public, demands our sympathetic inquiry.

Cases of this nature are of very rare occurrence, and Mr. Penman was, apparently in consequence of the inability or inexperience of the Faculty, discharged from the Royal Infirmary of Edinburgh, as incurable, in the year 1823. The patient on his discharge, went to his home, without the expectation of ever recovering from his complaint. He, however, thought proper to consult (in company with his two brothers) Doctor Liston, who upon investigation gave it as his opinion and decision that the case was beyond medical correction. From this period Mr. Penman had no faculty advice for two years, at the expiration of which time, the tumour still increasing, without hope of relief, he was visited

by Dr. Sibbald, who was led altogether by curiosity, he having heard that there was such a case in that vicinity. Accompanying those preliminary statements, the following facts are respectfully presented to the public, with the additional observation that Mr. Penman has for three years been a resident of this country, and now offers the peculiarities of the case, not for private, personal, or pecuniary aggrandizement, but for the benefit and knowledge of the community, and on this reserving principle he rests his present inducement to publish the following.

In the month of June, 1828, Dr. Sibbald, attended by Surgeon McDonald of the town of Coldstream, visited Mr. Penman, who was then very much emaciated. The patient was then sitting on a low chair, his head inclining forward, and his chin resting on his chest, his face was hideously distorted and a very fœtid, sanguineous and purulent discharge was flowing from his mouth, while that part of the tumour which projected beyond his lips was of a florid red colour, having the appearance of a large red fungus cleft in the middle, occupying the whole interior of the mouth and attached to the entire extent of the jaw, in fact his neck could not be at all observed except when he looked upward toward the ceiling. Penman had no diarrhœa, or any other unfavourable symptom, and could assign no cause for the disease. His parents were healthy. About the year 1819, Penman perceiving a hard tumour about the size of a pigeon's egg, applied to a surgeon for the first time, and was told by him that it originated in the unsoundness of his teeth, three of which were subsequently extracted. The tumour, however, increased and overran the vacancy where the teeth had been. For two

or three years after this the patient remained under the care of several country physicians, at the expiration of which time he went to Edinburgh, where the necessary professional aid was more at his convenience. On the 5th of February, 1822, he was unsuccessfully operated upon in the Royal Infirmary, by a very eminent surgeon; seven ounces of the tumour were removed from the interior of the mouth, attached to the lower jaw, which was cauterized several times in the diseased part. This painful process with red-hot iron, was repeated every fortnight for about nine months, when, tired of the slow and torturing operation, he wished to be discharged. On representing the ineffective nature of the treatment to Dr. Wishart, a consultation of the Faculty was held, and the result was that his disease was pronounced incurable, and their recommendation was that he had better return to the country. His request for discharge was then complied with: the disease, however, having in about two years afterwards merely increased to a great extent, he returned to Edinburgh, where he applied to Dr. Liston, one of the leading surgeons of the day, who held a consultation with several others, whose opinion was that there was very little probability of any thing effective being done for his relief, and he returned to Coldstream, where Dr. Sibbald visited and found him as described. The patient then expressed a desire that he should, either by death or restoration, be released from his extreme suffering. A few weeks after this he took a house in Edinburgh, where Dr. Sibbald resided, and was on the following Sunday visited by him and Dr. Abercrombie together. Dr. Syme was requested to operate, being possessed of very superior anatomical attainments, and

Mr. Lindsay, a portrait painter, was employed to take a correct likeness of the diseased appearance; which he very superiorly executed, and of which the accompanying lithograph, by Mr. Bowen, of this city, is a faithful copy. To the whole of the painful operation the patient submitted with a fortitude and resignation which was, under the circumstances of the case, truly astonishing, as indeed were his entire deportment and cool courage, from the moment of bidding his parents, what he presumed was to be a last farewell, up to the time of the application of the saw to the jawbone, for the introduction of which it was previously necessary to extract his bicuspid tooth. In the course of the evening Dr. Sibbald called on him, when he appeared quite resigned, and satisfied with the doctor's explanation and intention. Here it is deemed advisable to introduce Dr. Sibbald's own description.

"The patient had some mulled porter for supper, which seemed to have soothed him. He got up, and while I was cropping off all his hair, he seemed to be more composed and satisfied about the result of the operation. One o'clock having been appointed, and all those gentlemen who had been invited having attended punctually, and every thing else being arranged, I gave him a little wine and water, with a few drops of tinc. of opium. I placed him in a chair in his adjoining room, which was of considerable size, and well lighted. The sitting posture was both the most convenient and most likely to permit the blood to escape. Penman resting his head, which I firmly held to my breast, two assistants holding his arms, Mr. Syme made an incision from the right angle of the mouth to the base of the inferior maxilla in a slanting

manner, and divided the bone which was laid bare at the point where I had taken out the bicuspid tooth, partly with a small saw, and partly with a pair of cutting pliers. Professor Ballingall and myself were ready with dry sponges to compress the mouths of divided vessels, and remove blood, until Dr. B. took them up, which was done with the coronary artery. I carefully kept my fingers between the divided extremities of the bone, and thus allowed blood to flow away from the mouth. Dr. Syme next made a semicircular incision from the left angle of the mouth, down along the base of the jaw, and upward as high as where the condyle ought, or seemed, to be, at the anterior part of the left ear. During this incision, and while dissecting down this flap from off the tumour and jaw, down to the neck, several small branches of the facial and transverse branches of the temporal arteries were divided, and instantly secured. Two of these ligatures were afterwards found adhering to the tumour when removed. There being a redundancy of sound skin, Dr. Syme next made another incision a little curved, and higher up than the former, so as to leave a portion of the cheek, which was much distended, and firmly adhering to the tumour. This upper flap was dissected carefully, the masseter muscle divided, and thus was exposed the whole surface of the tumour, and now retained principally by the mucous membrane of the mouth; and which, when divided, allowed the tumour to be moved about in almost any direction. The temporal muscle was now removed, (cut through;) the articulation presented no difficulty whatever, having been completely disorganized, both the coronoid and condyloid processes being

in a manner obliterated, from tumour having formed incrustations round both processes, and presented a large globular body, more than any thing like the ramus of the jaw, and by cutting closely round the superior point of the tumour, all muscular adhesions were overcome with comparative ease.

“This case was by no means analogous to Dr. Liston’s, for although greater in extent, and of longer duration, the disease in his case did not seem to have injured the very strong adhesions of the ligaments of the temporal, masseter, pterygoideus, and mylo-hyoid muscles, and thus from the jaw being formerly divided, rendered the disarticulation more difficult, and may account for Dr. L. cutting into the articulation from behind. There were several folds of lint laid into the cavity previously occupied by the tumour. The flaps were then brought together, and retained by twisted suture. One or two pins were also inserted in the right side, and a roller applied several times round the head, and the patient was instantly lifted into bed. He bore the operation, (which only occupied twenty-five minutes, loss of blood amounting only to $\frac{3}{4}$ xii or $\frac{3}{4}$ xiv,) remarkably well, although he fainted twice: on his being placed in the horizontal posture, and getting a little wine, soon recovered

“Dr. Syme effected the operation in the most calm, deliberate, and feeling manner towards the patient, and Professor Ballingall’s assistance was most invaluable.

“Drs. Abercrombie, J. H. Davidson, Professor Russel, Dr. Hunter, Dr. Mackintosh, and several of Dr. Syme’s and my own pupils were present; and although every one was intensely anxious, not one word or motion was

made, which could in the least annoy or disturb the operator.

“ Penman complained very little after the operation, and his pulse ranged from 100 to 112 during several days; there was no secondary hemorrhage, or oozing of any consequence from the wounds. He had several aperient draughts, to keep the bowels open, which were rather inclined to be constipated. He raised himself up in bed on our visit the third day. Had his draughts repeated every second or third day, and on the 13th his pulse was 96, firm and regular, and he swallowed comparatively easy, although a good deal distressed with a swelling and tension of throat and neck. I fed him by means of a funnel having a long horizontal tube, with a drainer in the neck of it, to keep back the thicker portions, the same as I employed in several cases of severe wounds of the trachea or œsophagus, from attempted suicide. In a day or two, however, I employed a tube of larger diameter, and without the drainer, as he said he now could swallow broth and porridge with ease: through the assistance of several benevolent individuals, I was enabled to supply him with every necessary, and he daily had his allowance of porter, wine, beef-tea, &c. He felt great relief from occasionally pouring quantities of cold water into his mouth, and allowing it to trickle over the tongue and wounds. About the 6th day after the operation, the swelling of the throat and fauces began to abate, but the flow of saliva from the mouth continued profuse, and escaped by the lips, which had a very œdematous appearance, from the support of the bone being removed; this was obviated to a certain extent by the firm application

of a roller round the face, the wounds united by the first intention throughout their greatest extent, except at the superior angle of the left flap, the pin ulcerated through, and left a considerable aperture through the cheek into the mouth, which in about three weeks gradually filled up by granulation. He went on this way, having his wounds daily dressed with adhesive strap, and his bowels kept open by aperient medicine: about a fortnight after, there was an abscess formed on the neck on the left side, which was opened freely by a bistoury, and discharged nearly a cupful of healthy pus.

“About this time, he got on his clothes, and walked about the house. On the 2d of August he walked down to my house in Hope Street, without assistance, where Dr. Syme and Dr. Ballingall found him on their calling to accompany me to Penman’s house, being little more than three weeks since his operation. I opened a small abscess, which had formed on the right side of the jaw, opposite to the extremity of the remaining portion of the maxilla, and caused him to use freely an astringent gargle of bark and alum, to lessen the flow of saliva, and to keep his head as erect as possible, as, from the great weight of the diseased mass, and purulent discharge, he had for years kept his head leaning forward on his breast, to allow saliva to escape from his mouth, which it was desirable to divert now into its proper receptacle—the stomach. He frequently complained of pain and acidity of stomach, sometimes occasioning dyspnœa; which symptoms were relieved by the usual remedies.

“There appeared along the line of incision on the right side, a number of angry fungoid excrescences, which

were kept down by *nitras argenti*, and *sulphas cupri*; and a solution of the same was kept applied to the left side, by means of lint, until the wounds had completely cicatrized. On the 15th August, a slight exfoliation took place from the interior portion of remaining maxilla, and considerable discharge of pus, both from where it had been lanced externally, and the interior of the mouth.

“He was seized at this date, with an attack of cholera, which reduced him, and confined him to bed for several days, but yielded to appointed remedies. The flow of saliva is much reduced by the gargle; he can now articulate more distinctly, and calls upon me daily to have his wounds dressed. On 7th September, I pared the edges of the lips on the left side, and brought them into contact, as is done in harelip, by two pins, so as to contract the mouth a little more. This had a favourable effect, and the lips united for about an inch, and the mouth does not project quite so much as it did when his wounds were nearly healed, but before the insertion of the pins.”

Since the operation thus described, with Dr. Sibbald's own accompanying description, ten years have elapsed, and Mr Penman is still in a sound state of continued health. On arriving in America, about three years ago, it was not his intention to have published the preceding statement; but the appearance of his features led to such general inquiry, and his explanation and submission of the printed pamphlet from which the above has been quoted, to so prevalent an interest, especially among the Faculty, and the more intelligent class of our community, as to

induce them to request the present publication, which is now submitted to the public with the hope that it will prove a work, to them of medical information and utility.

THE END.

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